

Seasons Greetings

A publication of the Hawaii Immunization Program

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2002 New School Entry Immunization Requirements

By Marcia M. Nagao, M.D., M.P.H.

The health requirements for entry into all public and private schools in Hawaii are contained in the Hawaii Administrative Rules (HAR), Chapter 11-157, "Examination and Immunization." Amendments to these rules were signed by Governor Cayetano on August 27, 2001, and copies of the revised HAR were mailed to all immunization providers in November 2001.

Highlights of the amendments include:

- Varicella vaccine will be required for entry into preschool, kindergarten, 7th grade, and for all students entering school in Hawaii for the first time, regardless of age (**EFFECTIVE July 1, 2002**)
- Documentation of receipt of the following vaccines (**EFFECTIVE July 1, 2002**) will be required for 7th grade attendance:
 - 2 MMR vaccines
 - 3 hepatitis B vaccines
 - 1 or 2 varicella vaccine(s)
- A documented history of varicella, signed by a U.S. licensed M.D., D.O, A.P.R.N. or P.A, may be substituted for the varicella vaccine requirement.
- A 4-day "grace period" applies to each minimum age and minimum interval of vaccines required for school entry. Please note: This 4-day "grace period" applies to the review of immunization records only, and should **not** be used as an appropriate interval when administering a vaccine.

The Department of Education's *Student's Health Record* (Form 14) is currently being revised in order to comply with the new documentation requirements. **In order to ensure that the student's TB examination, physical examination, and immunizations are documented according to the requirements in the HAR, providers should only use the revised copy of the Student's Health Record (Form 14), dated Rev 2002.**

For further details, please refer to HAR Chapter 11-157. A seminar for providers on the new health requirements for school attendance will be conducted via video conference. Registration forms will be distributed in January 2002.

CALLING THE SHOTS

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Holiday Greetings from HIP:



*The Hawaii
Immunization Program
would like to take this
time to send you our
warmest holiday greetings
and best wishes for happiness, health,
and prosperity throughout the New Year.*



TALK TO THE DOC...

By Marcia M. Nagao, M.D., M.P.H.

Recently, we've been receiving Infanrix™ (GlaxoSmithKline) DTaP vaccine from the VFC Program, instead of Tripedia® (Aventis). May we mix the Infanrix™ (GlaxoSmithKline) with the ActHIB® (Aventis) vaccine for the 4th doses of DTaP and Hib, the way we used to with Tripedia® (Aventis)?

ANSWER: NO.

Vaccines should **never** be mixed in the same syringe unless the combination has been specifically approved by the FDA. Currently, only Aventis Pasteur's DTaP (Tripedia®) and Hib (ActHIB®) vaccines have been approved for mixing in the same syringe, but only for the fourth dose.

VFC/AFIX Site Visits: A Year In Review

By Heather Winfield-Smith



At press time, the Hawaii Immunization Program has completed 102 VFC/AFIX (Assessment, Feedback, Information eXchange) provider site visits during the 2001 calendar year. We would like to thank all of the offices we have visited over the past year for their time and cooperation as we implement this new facet of the Hawaii Vaccines For Children Program.

The VFC portion of the site visits (vaccine management questionnaire, refrigerator check, VFC documentation check) was performed in all 102 of the sites we visited. This portion of the visit allows us the opportunity to talk with providers about maintaining proper vaccine storage conditions as well as correct VFC documentation.

We were also able to perform AFIX assessments in 52 of the 91 private physician's offices or clinics that we visited. An AFIX assessment consists of a screening of the immunization status of 30 of a provider's 19 to 35 month-old patients. We were unable to perform AFIX visits in 38 of the 91 private physician's offices because they did not have a sufficient number of patients in the appropriate age range to provide us with the required number of charts. The screening protocol, developed by the Centers for Disease Control and Prevention (CDC), is based on Lot Quality Assurance (LQA) methodology. This protocol is designed to determine if the immunization coverage level of a practice is above or below a set level. Up-to-date or fully immunized status is defined as having received 4 DTap, 3 Polio, 1 MMR, 3 Hib and 3 Hepatitis B by 19 to 35 months of age. Based on this screening, we can determine if the practice is above or below the 80% threshold level. Of the 52 practices we assessed, 20 (38%) were determined to be above the 80% threshold and 32 (62%) were determined to fall below the 80% threshold. We congratulate those that met or exceeded the 80% threshold level and encourage those below the threshold to continue their efforts to raise immunization rates in their practices. Visits to provider's offices have allowed us to gain some understanding of the factors that contribute to missed opportunities as well as to begin thinking about how we can assist providers in raising their immunization rates.

As we head into another year of VFC/AFIX provider site visits, we ask for your continued cooperation and assistance. We look forward to meeting with you soon.



Providers have asked the Hawaii Immunization Program (HIP), "Why do you require providers to duplicate information that can be retrieved from the Vaccine Administration Visit Record (VAVR) Forms? Why are providers that comply and submit VAVR forms penalized?" The duplicate information that these providers are referring to is contained on the latest VFC Vaccine Order Forms that were implemented in October 2000. In addition to an inventory of the provider's VFC vaccine, these order forms have providers calculate the number of VFC vaccine doses administered since the last time that particular vaccine was ordered by the provider. Theoretically, if providers complete a VAVR form (correctly and legibly) every time a VFC vaccine is used, and submit the completed VAVR form to HIP on a regular (once a week) basis, the number of doses of vaccine that were administered by a provider can be calculated from the VAVR information. HIP's answer to the above question is, "The procedure in which we

process the information obtained from the VAVR forms are important for vaccine accountability, however the process by which the information from the forms are captured does not provide us with real time information. In

VFC Provider Concerns:



By Loriann M. Kanno, Pharm D.

In addition to this, a significant portion of the information HIP receives from these VAVR forms are incomplete, incorrect and/or illegible."

A small sample of the incorrect information that HIP has received from the VAVR forms include;

- A recorded 1400 different provider PIN numbers when only 466 providers (active and inactive combined) are registered with the VFC Program,
- Vaccine administration dates in the future (i.e. 12/22/01, 12/8/01 when reviewing VAVR forms submitted in May 2001 and earlier), and
- Lot numbers corresponding to a different vaccine than what was recorded as administered.

In response to providers' comments HIP is currently working to develop a program that will enable us to utilize VAVR information on a timely basis. We ask for your continued assistance in legibly completing the VFC Order Forms and all applicable fields on the VAVR forms. Submit VAVR forms regularly for each visit in which VFC vaccine is administered.

If you have additional comments or questions regarding the VFC Program, please contact us at 586-8300 (neighbor islands call 1-800-933-4832). Thank you for teaming with us to protect the health of Hawaii's children.